

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	20.48	19.00	As the Home continues to have more diagnostic equipment available (bladder scanner, urinalysis machine), this may reduce our current performance.	

Change Ideas

Change Idea #1 Updates received from the RAI Co-ordinator or Ontario Health will be reviewed.

Methods	Process measures	Target for process measure	Comments
Quarterly analysis to be monitored and shared at quality meetings.	Number of quarterly analysis reports reviewed, in 12 months.	To have 4 quarterly reports in one calendar year.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	CB	Mandatory education must be completed by all staff.	

Change Ideas

Change Idea #1 Work with the IDEA Specialist from the County on a presentation that can be uploaded into Surge Learning. Have this information uploaded for the 3rd quarter of 2024.

Methods	Process measures	Target for process measure	Comments
The data will be collected after the second month in the quarter and then at the end of quarter, by the Business Manager.	Number of staff who complete the education during the quarter it is available on Surge	100% of staff will complete the education within the quarter it is available on Surge	Monitor number of staff who do not complete the education within that quarter. For these staff it must be completed by end of November 2024.

Change Idea #2 Complete the Embracing Diversity, Equity, and Inclusion in LTC Assessment and Planning toolkit provided by CLRI.

Methods	Process measures	Target for process measure	Comments
Toolkit to be completed by the leadership team in consultation with the interdisciplinary team, residents, families and CQI committee.	Toolkit completed in full and improvement areas identified are utilized in developing the Equity, Diversity and Inclusion training within the Home.	100% completion of the toolkit.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Progress of the Restorative Care program implementation	C	Number / LTC home residents	In house data collection / calendar year	CB	CB	Residents who require and would benefit from being part of the Restorative Care program are to be enrolled in the program. They will be monitored by the Restorative Care staff, progress (either negative or positive) is to be recorded. The ultimate goal would be to have the resident successfully move through and out of the program.	

Change Ideas

Change Idea #1 Completion of the Restorative care program job descriptions

Methods	Process measures	Target for process measure	Comments
Director of Care and Administrator to source sample job descriptions and adapt to Huronview's program goals and objectives.	Having all job descriptions completed.	100% of the job descriptions to be completed by Feb 1st, 2024	Draft job descriptions available for team members to review.

Change Idea #2 To have team members in place. To post the job description with the job posting for staff review. To select via interview interested staff (registered and PSW). Select team leads and members.

Methods	Process measures	Target for process measure	Comments
Review of staff who applied to the position. Decisions will not be based on seniority but rather by experience, length of time as a PSW and overall understanding of restorative care.	Number of team members selected by the Director of Care and Administrator	100% of team members in place by March 2024	

Change Idea #3 To provide education and instruction to the team leads on the Homes goals/strategy for the program.

Methods	Process measures	Target for process measure	Comments
To have initial education completed. To have the team leads start drafting objectives and goals.	Number of team leads who have completed their initial education.	100% of the education is completed.	

Change Idea #4 Team leads to start meeting with the PSW members, to update them on the implementation progress made to date. Provide education to the rest of the team members. Set terms of reference for meetings (duration, agenda etc.)

Methods	Process measures	Target for process measure	Comments
Progress reports are to be sent to the Director of Care and Administrator on the progress. Team is to determine the frequency of the reports.	Number of progress reports submitted indicating residents progress in and out of the program, goals achieved etc.	100% of the reports will be received.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
To improve dining room customer service which will improve the dining experience for the residents.	C	Number / LTC home residents	In house data collection / until end of 2024	CB	CB	To have no resident comments regarding staff actions in the dining room at meals.	

Change Ideas

Change Idea #1 To review, analyze and group by theme specific resident comments from the 2023 resident satisfaction survey.

Methods	Process measures	Target for process measure	Comments
To obtain feedback at resident council meetings and food committee meetings, starting Jan 2024.	Progress will be assessed by the number of concerns brought forward from resident council and food committee meetings.	To have a continual reduction of concerns, with a 50% reduction by September 2024 and 75% reduction by March 2025.	Comparison of April 2024 comment trends to September 2024 and March 2025 to be completed. Success will be based on managing customer service trends and occurrences. Currently there is no benchmark available.

Change Idea #2 To form a dining committee with representatives from dietary, activation and nursing front-line staff as well as the Nutrition Manager and the DOC and/or ADOC.

Methods	Process measures	Target for process measure	Comments
Memo to be posted for any interested staff to sign. If members are still needed, staff will be approached by their departmental manager.	Number of staff that volunteer to be part of this committee after one month.	To have an active full membership committee meeting by May 2024.	The committee will need to be comprised of full time and part time, days and evening staff. This is to ensure all meals are covered and a comprehensive overview is obtained.

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	19.35	15.00	This indicator has been slowly increasing and our goal is to have antipsychotic medication looked at more closely. The provincial average is 21.1.	

Change Ideas

Change Idea #1 To have the nursing leadership team, along with the BSO Lead, RAI Co-ordinator and the Medical Director review resident charts who are receiving antipsychotic medication.

Methods	Process measures	Target for process measure	Comments
Review the information collected by the above noted teams/leads. Involve the Medical Director for possible medication changes.	To reduce the number of residents without psychosis being given antipsychotic medication, to meet the target performance.	Target reflects the provincial average. Although current performance is below this average, performance continue to increase.	

Change Idea #2 To have reports shared at the 2024 June, September and December PAC (Professional Advisory Committee) meetings. To have regular input from the Medical Director.

Methods	Process measures	Target for process measure	Comments
Discussion to include a progress update. Medication reviews completed by the Pharmacist and the Medical Director. Make recommendations related to medication use or discontinuation.	Number of residents who have a reduction in antipsychotic medication where there is no psychosis diagnosis.	To have a report each quarter which outlines how many residents have been reviewed.	